

Name
in
Full

James S. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Glendale County Calvert
Month 15 Day 2 Year 1909 Month Days
Date of death Month Day Age 2
Sex Male Color or Race Brown Birthplace Calvert
Occupation Miner Where Residing if not at place of death
Married, Single or Widowed Name of Wife or Husband
Father's Name Dwyer Brown Father's Birthplace Calvert Co
Mother's Maiden Name Arthur Brown Mother's Birthplace Calvert Co
Name of person giving Information Dwyer Brown How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Occlu-

105

How long

48 hours

Immediate

Colapse -

3 "

Are the name, age, sex, color, date and place correctly given above?

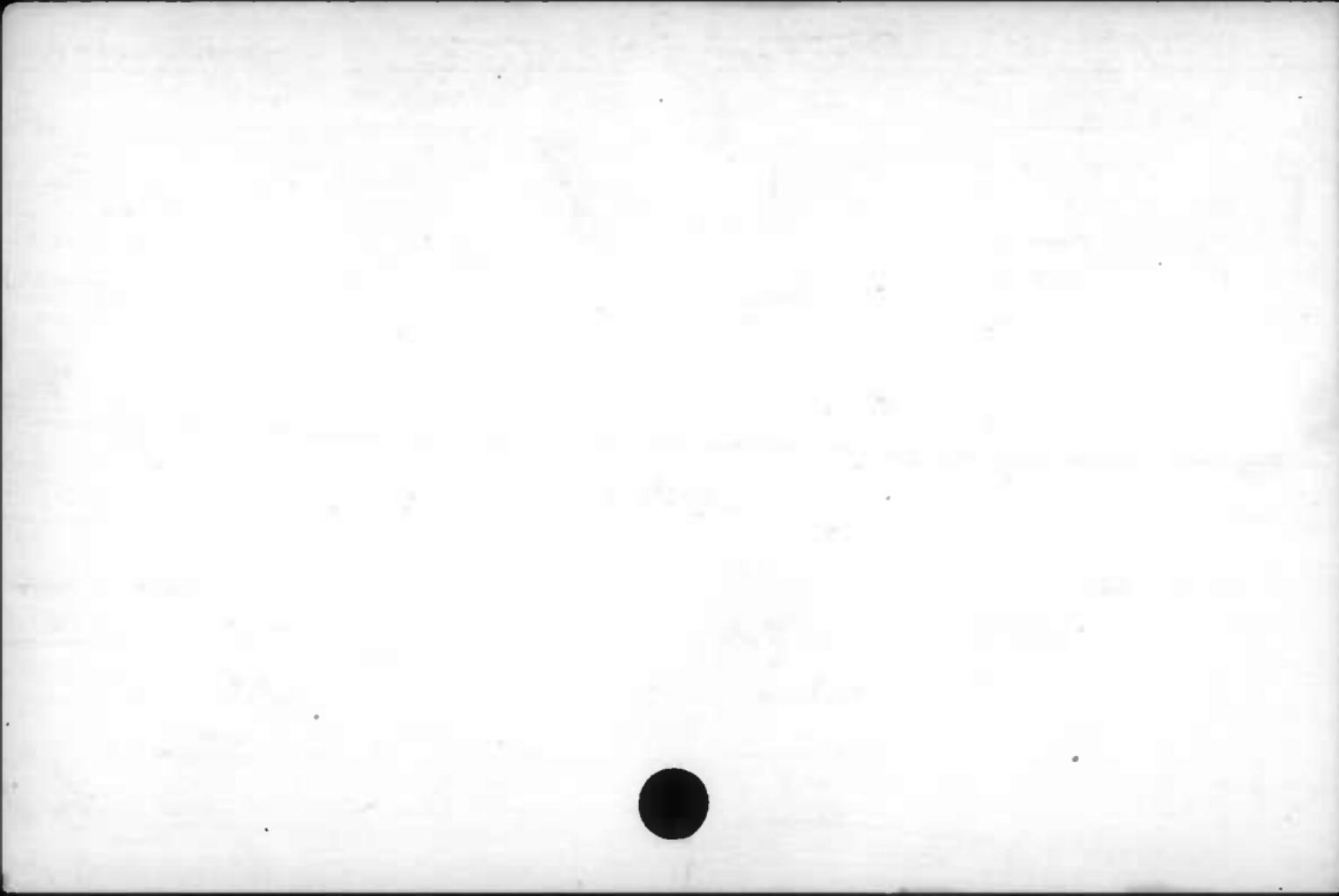
Yes

Signature of Physician

Address

P. Busan Mutual Sed

Accident or Suicide



Name
in
Full

Amelia D Brooks.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Occupation	Birth-place		
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death			
Father's Name	Dorit Brooks		Father's Birthplace	Colored	
Mother's Maiden Name	Anne Brown		Mother's Birthplace	Colored	
Name of person giving Information	Dorit Brooks		How related to deceased	Fashion	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Uterus -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

27

How long

How long

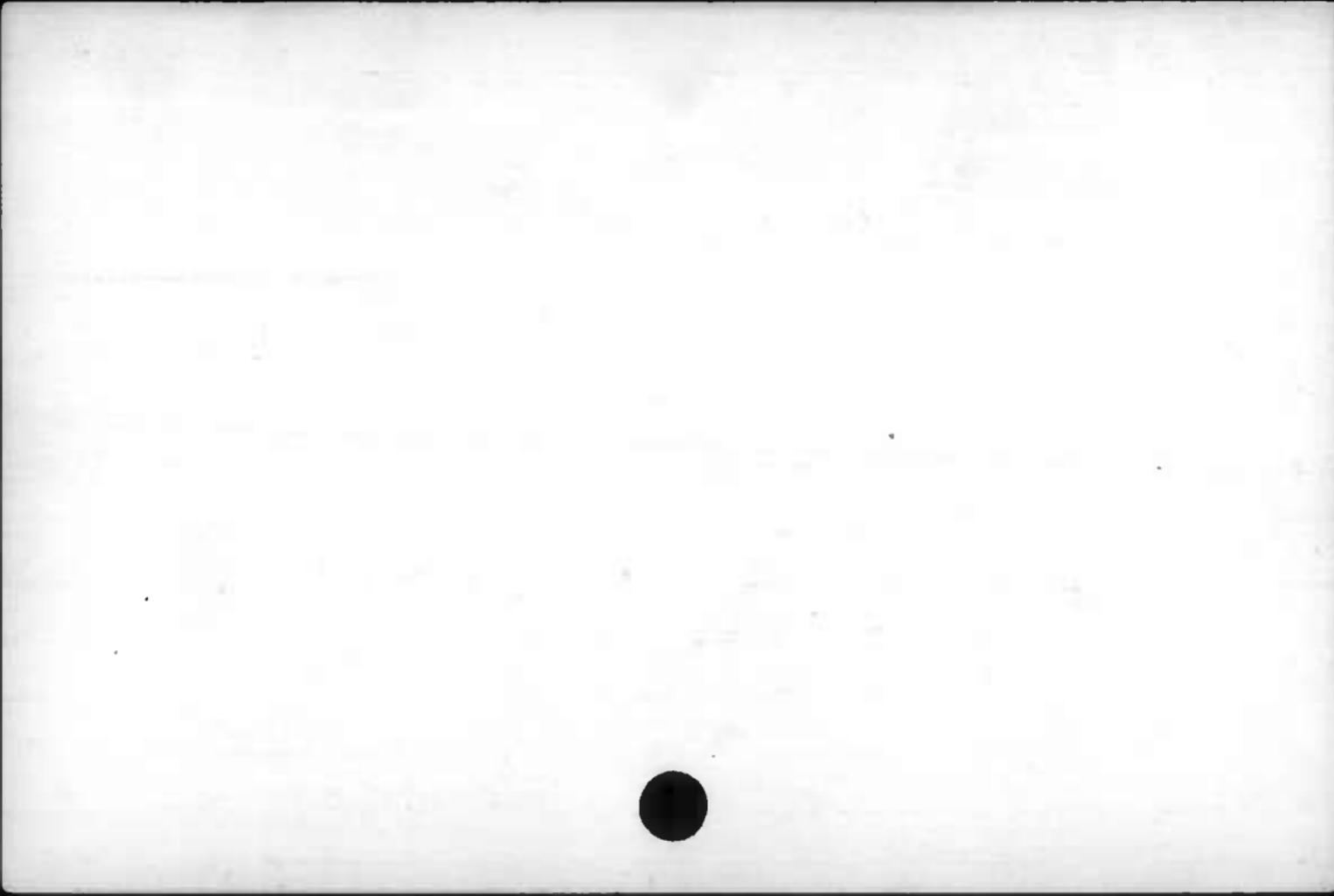
17 w.

4 mth.

P. Brooks

multiple

Accident or Suicide



Name
in
Full

Katharine Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

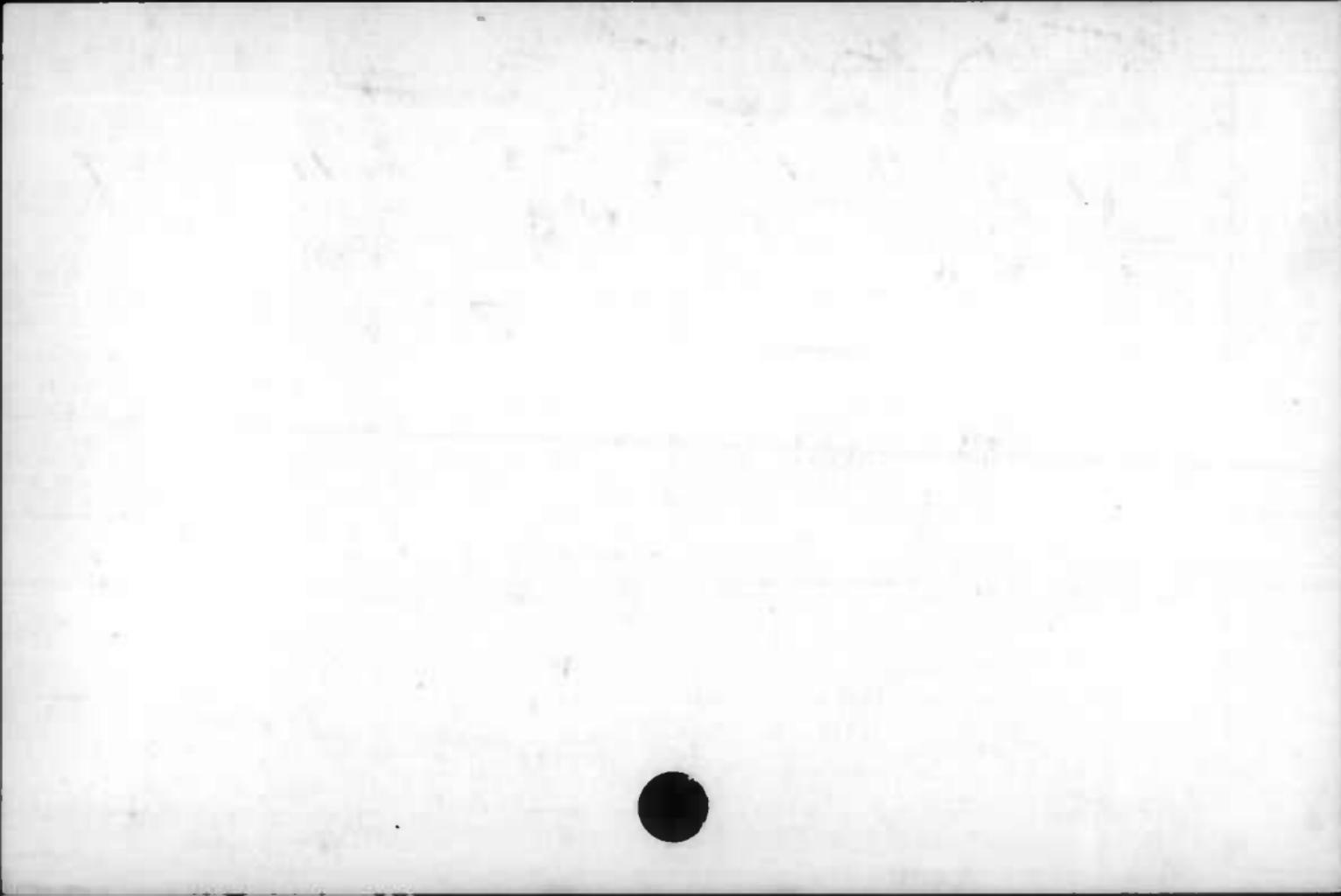
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	5 3	11 27
Occupation	Housewife		Where Residing if not at place of death	John T. Brooks	
Married, Single or Widowed	Widowed	Name of Wife or Husband	John T. Brooks	Father's Birthplace	Oakland Creek
Father's Name	John D. Brooks		Sarah Brown	Mother's Birthplace	Wallville
Mother's Maiden Name	Sarah Brown		Sarah E. Brooks	How related to deceased	Daughter
Name of person giving information	Sarah E. Brooks		142	How long	Two weeks
Primary	Gangrene of both hands due to the worms		How long	Two weeks	
Immediate	Lynxope		How long		

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Sarah A. C. Bunting

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing If not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Harry Bunting		Father's Birthplace	Culveret	
Mother's Maiden Name	Sarah Jane Davies		Mother's Birthplace	Culveret	
Name of person giving information	John Harry Bunting		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

2 days

Immediate

Emphysema of Lungs

How long

1 day -

Are the name, age, sex, color, date and place correctly given above?

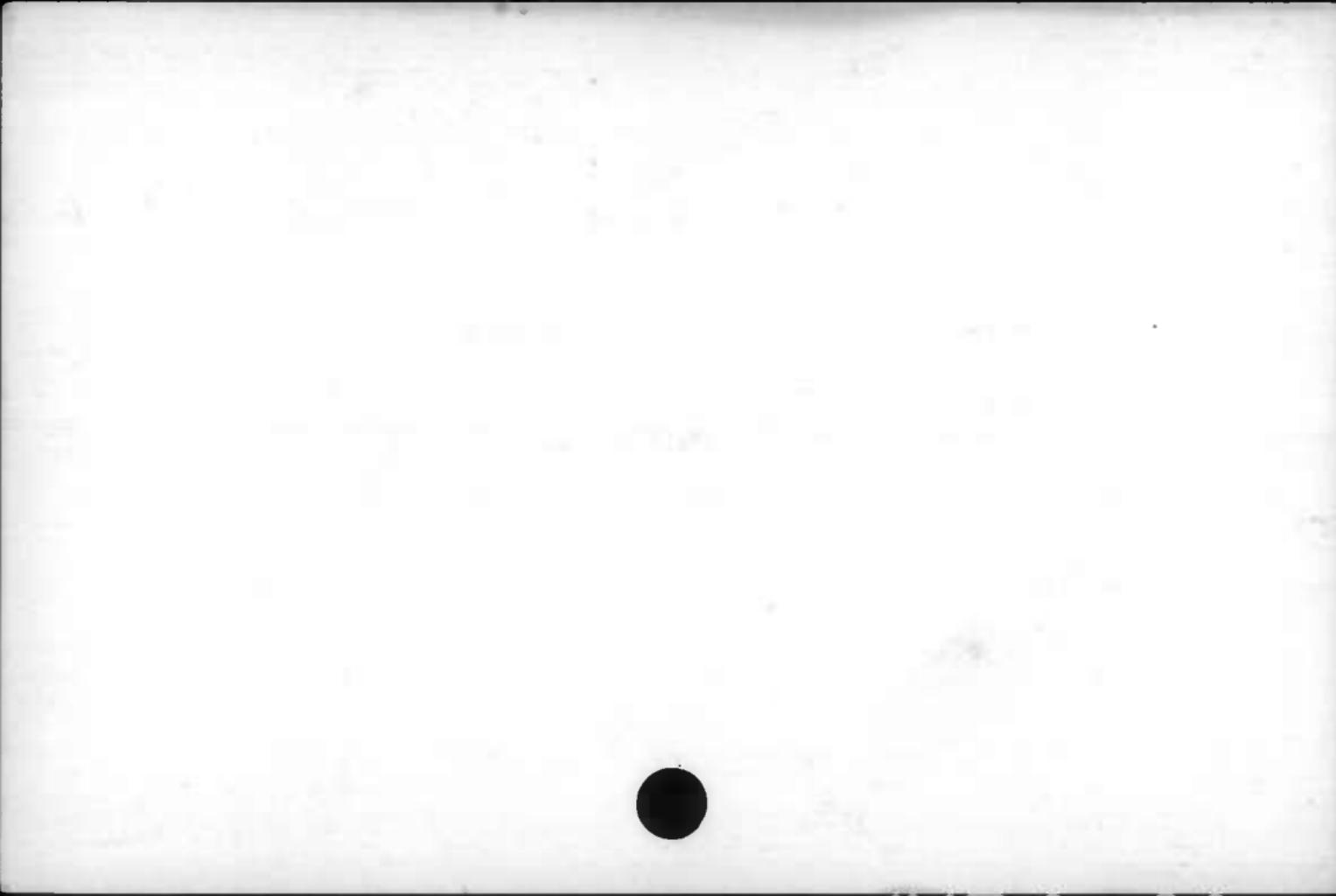
Signature of Physician

Address

Yes

R. Bunting
Culveret Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Chew

Town
Died at Chesapeake Beach

County
Calvert

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909 Month May Day 3 Age 71 Months 2 Days 18

Sex Female Color or Race white Birth-place Chesapeake Beach

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Zhao J Chew

Father's Birthplace C. Beach

Mother's Maiden Name Faye Benson Blake

Mother's Birthplace C Beach

Name of person giving Information Samuel Chew

How related to deceased Brother

CAUSES OF DEATH

64

Primary

Cerebral Hemorrhage

How long

24 hours

Immediate

Heart Chat

How long

Are the name, age, sex, color, date and place correctly given above?

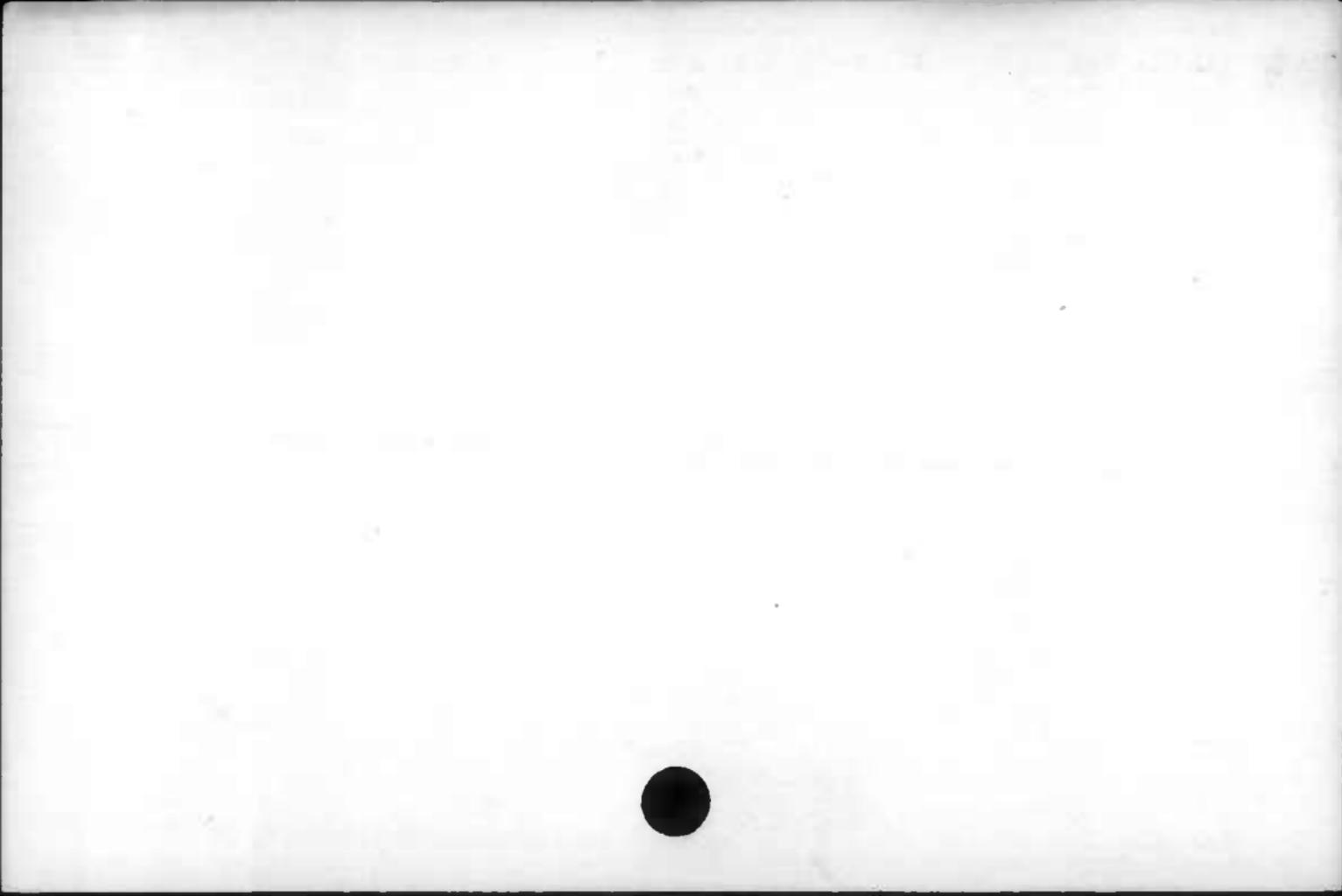
Yes

Signature of Physician

Address

L Brayshaw
Friendship
Md

Accident or Suicide



Name
in
Full

Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Buenavista		Calvert					
Date of death	1909	Month	Day	Years	Months	Days	
May		27	Age		2		
Sex	Hannah	Color or Race	Blaw		Birth-place	Calvert Co	
Occupation	none		Where Residing if not at place of death		—		
Married, Single or Widowed	Unmarried		Name of Wife or Husband		—		
Father's Name	Hannah		Father's Birthplace		—		
Mother's Maiden Name	Lizzie Fowler		Mother's Birthplace		Calvert Co		
Name of person giving Information	Lizzie Fowler		How related to deceased		—		

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

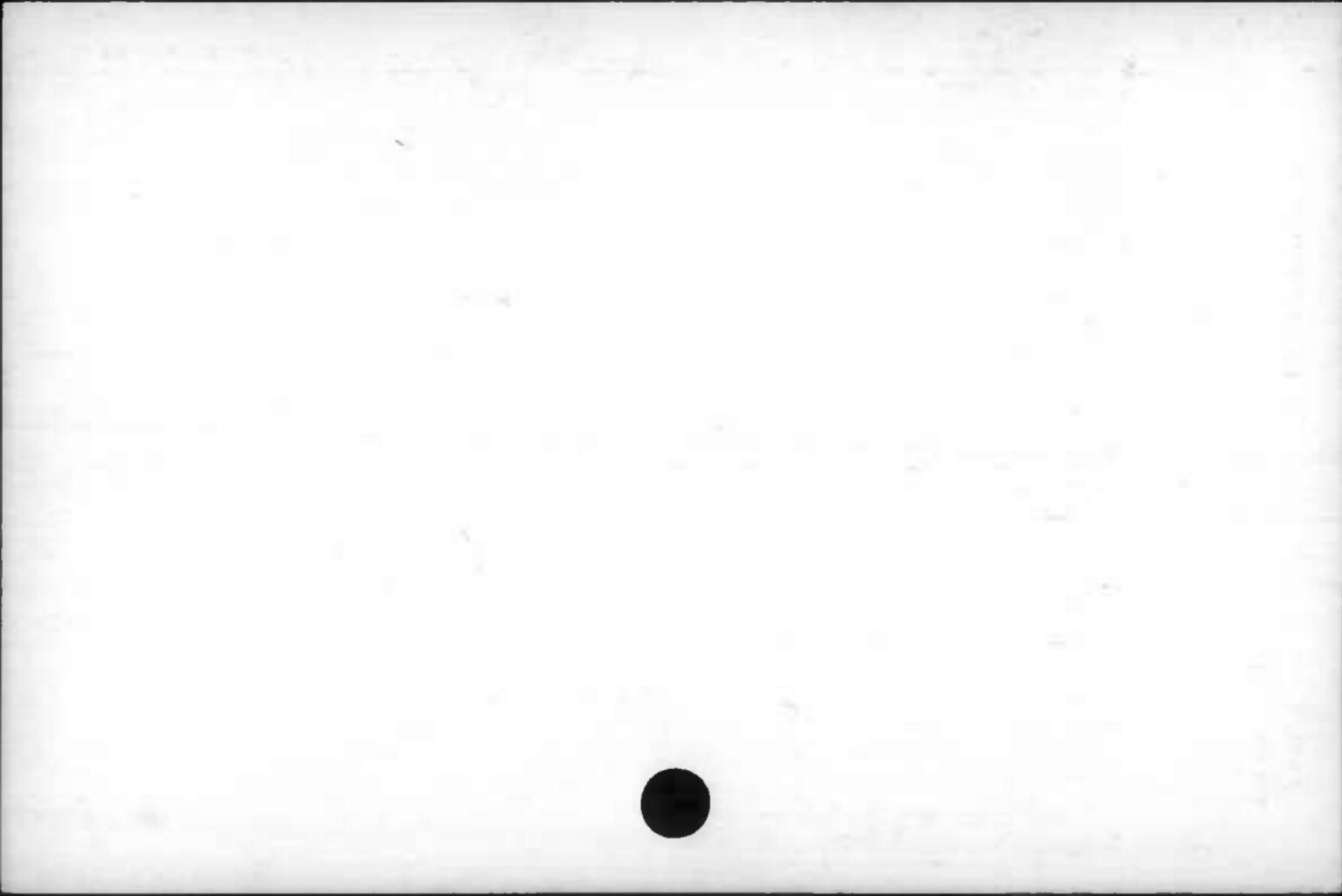
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. L. N. Tracy
Baltimore Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Island Creek</u>		County <u>Calvert</u>		MARYLAND	
Date of death <u>1909 May 5</u>	Month	Day	Age <u>23</u>	Month	Day
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birthplace <u>Calvert</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>In Island Creek</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Anna Parker</u>	Father's Birthplace <u>Calvert</u>			
Father's Name <u>Montgomery</u>	Mother's Birthplace <u>Calvert</u>				
Mother's Maiden Name <u>Murphy</u>	How related to deceased <u>Uncle</u>				
Name of person giving Information <u>Wardown</u>					

CAUSES OF DEATH

172

How long

How long

Primary

Accident Drowning

Immediate

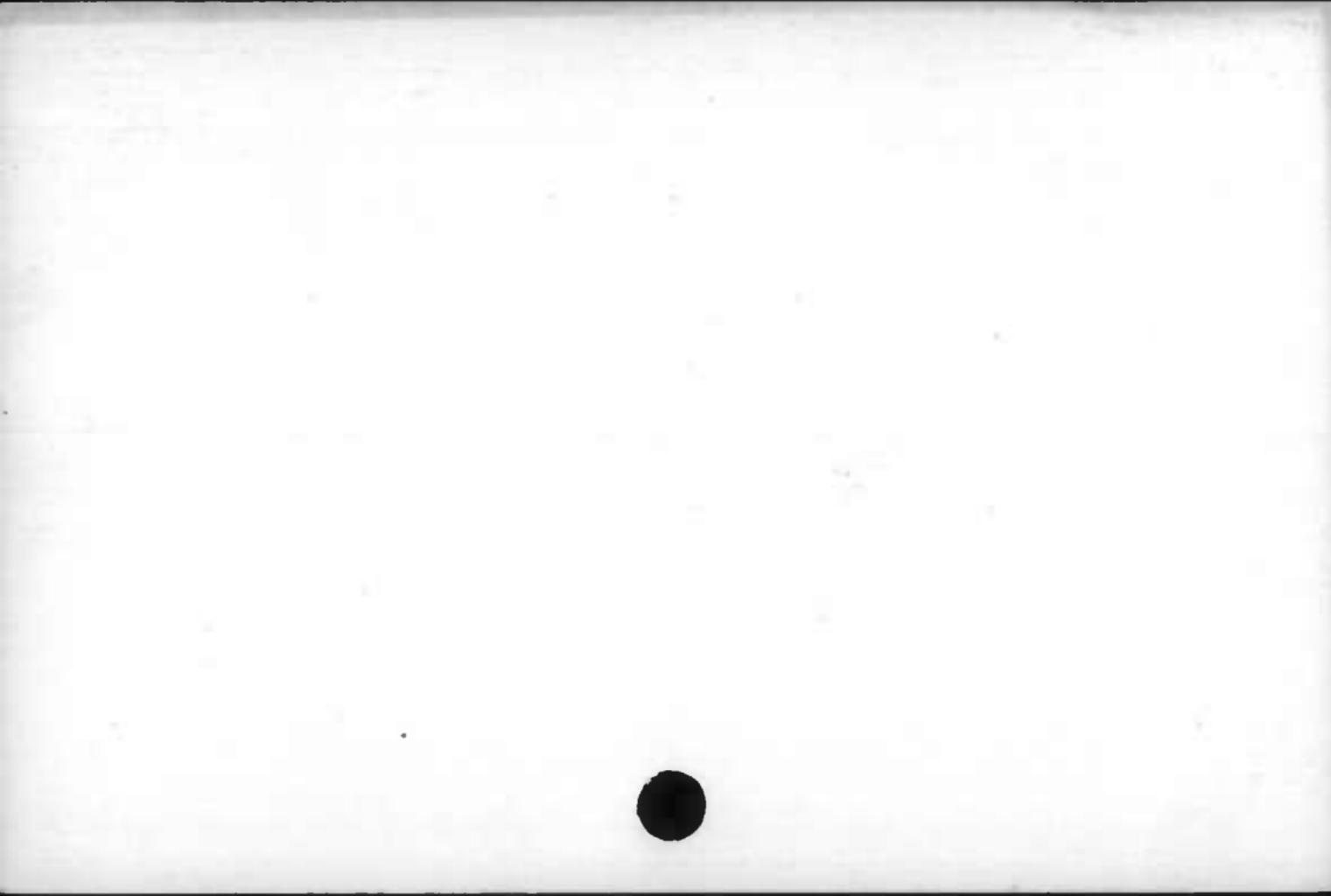
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

accident



Name
in
Full

Rosalie Jenkins

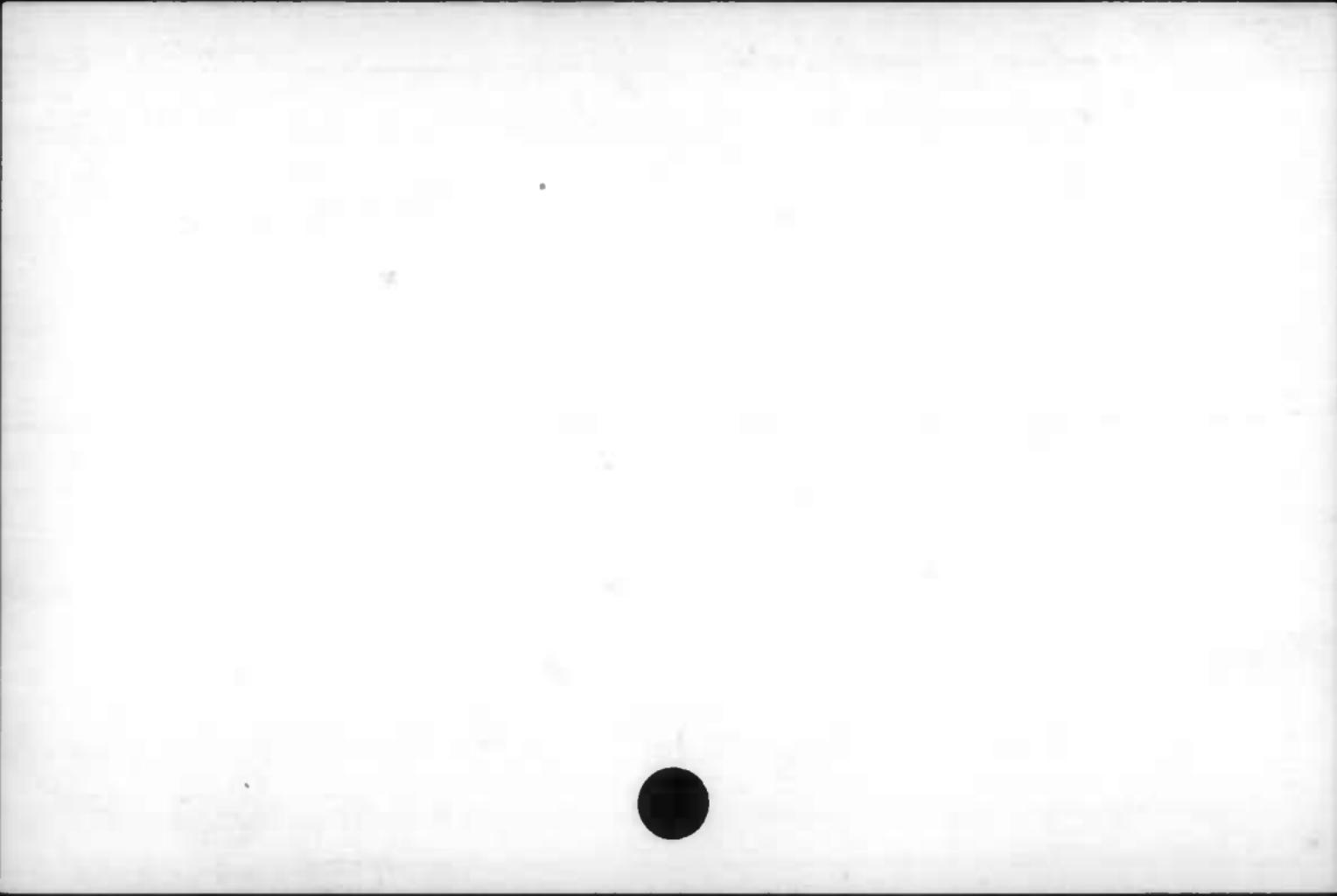
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND		
Died at Lo. Marlboro		Calvert				
Date of death	Month	Day	Years	Months	Days	
1909	May	14	Age	4	6	
Sex Female	Color or Race	Afro-American		Birth-place Lo. Marlboro, Md.		
Occupation	Where Residing if not et place of death					
Married, Single or Widowed	Name of Wife or Husband					
Single						
Father's Name	King Jenkins					Father's Birthplace
Mother's Maiden Name	Mattie Ford					Mother's Birthplace
Name of person giving Information	King Jenkins					How related to deceased
CAUSES OF DEATH						
Primary	Pertussis					How long
Immediate	Exhaustion					3 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. H. Hinman and
		Address	Lo. Marlboro, Md.
Accident or Suicide			



Name
in
Full

Alice Alberta Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at Chaneyville		Calvert			
Date of death 1909	Month May	Day 6	Years 16	Months 2	Days 26
Sex Female	Color or Race African	Birth-place Calvert Co			
Occupation Housewife	Where Residing if not et place of death				
Married, Single or Widowed Married	Name of Wife or Husband Shields L. Jones				
Father's Name Edward Gross	Father's Birthplace Calvert Co				
Mother's Maiden Name Maggie Smith	Mother's Birthplace " "				
Name of person giving Information Shields Jones	How related to deceased Husband				

CAUSES OF DEATH

137

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Puerperal Septicemia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

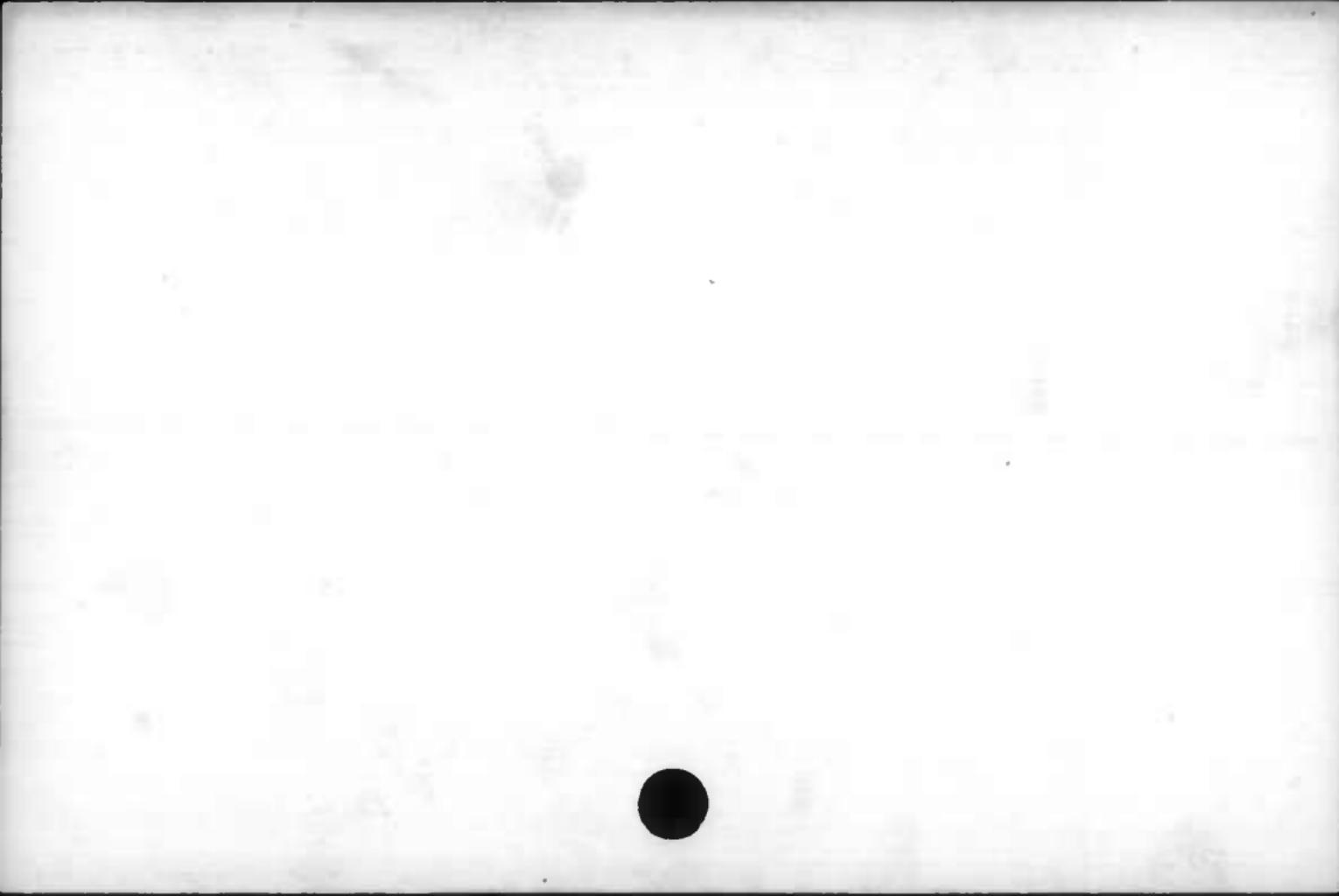
Yes

Signature of
Physician

Address

E. H. Hinman,
Lo. Marlboro, Md

Accident or Suicide



Name
in
Full

Sterling Goldstone Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Willows	Calvert	2	27	Days
Date of death	Month	Day	Years	Months	Days
1909	May	17	—	2	27
Sex	Male	Color or Race	Negro		
Occupation	House				
Where Residing if not at place of death					
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name	William Jones				
Mother's Maiden Name	Rose Hawkins				
Name of person giving Information	Rose Hawkins				
CAUSES OF DEATH					
Primary	105				
Hæmorrhoids					
Immediate	10 days				
Dyspnoea					
12 hours					

PHYSICIAN
OR CORONER

Primary

Hæmorrhoids

Immediate

Dyspnoea

Are the name, age, sex, color, date and place correctly given above?

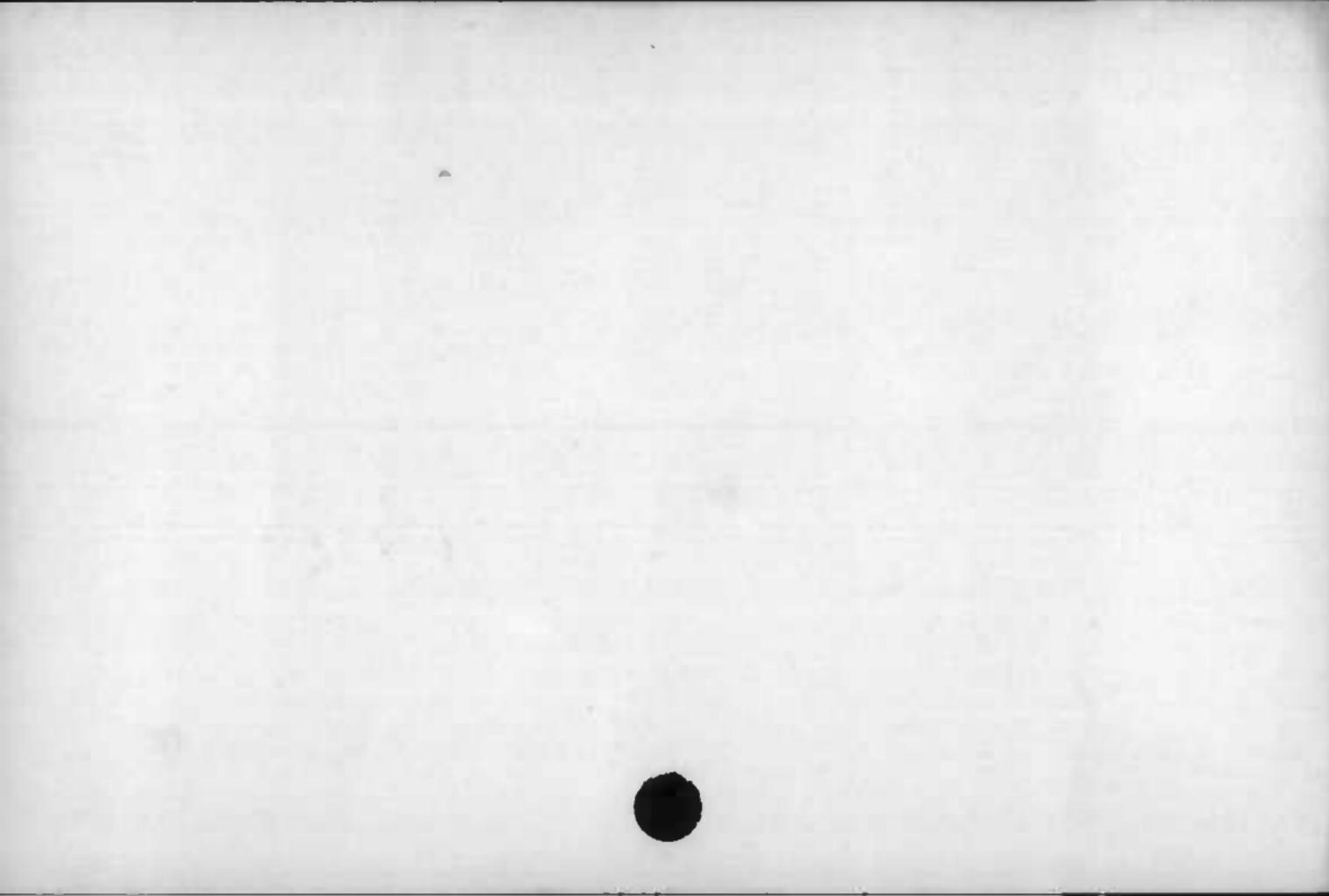
Signature of Physician

Address

W. A. Talbot

Clues Beach
Calvert

Accident or Suicide?



Name
in
Full

Ella May Marquess

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Chesapeake Beach		Calvert			
Date of death	1909	Month	Day	Year	Month Days
		May	1	Age	26
Sex	Male	Color or Race	white -	Birth- place	Be Beach
Occupation		Where Reiding if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Huaband			
Father's Name	Filmore Marquess	Father'a Birthplace			
Mother's Maiden Name	Ella Parks	Mother's Birthplace			
Name of person giving Information	Richard Marquess	How related to deceased			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Manasimus

Immediate

Heart exhaustion

Are the name, age, sex, color, date
and place correctly given above ?

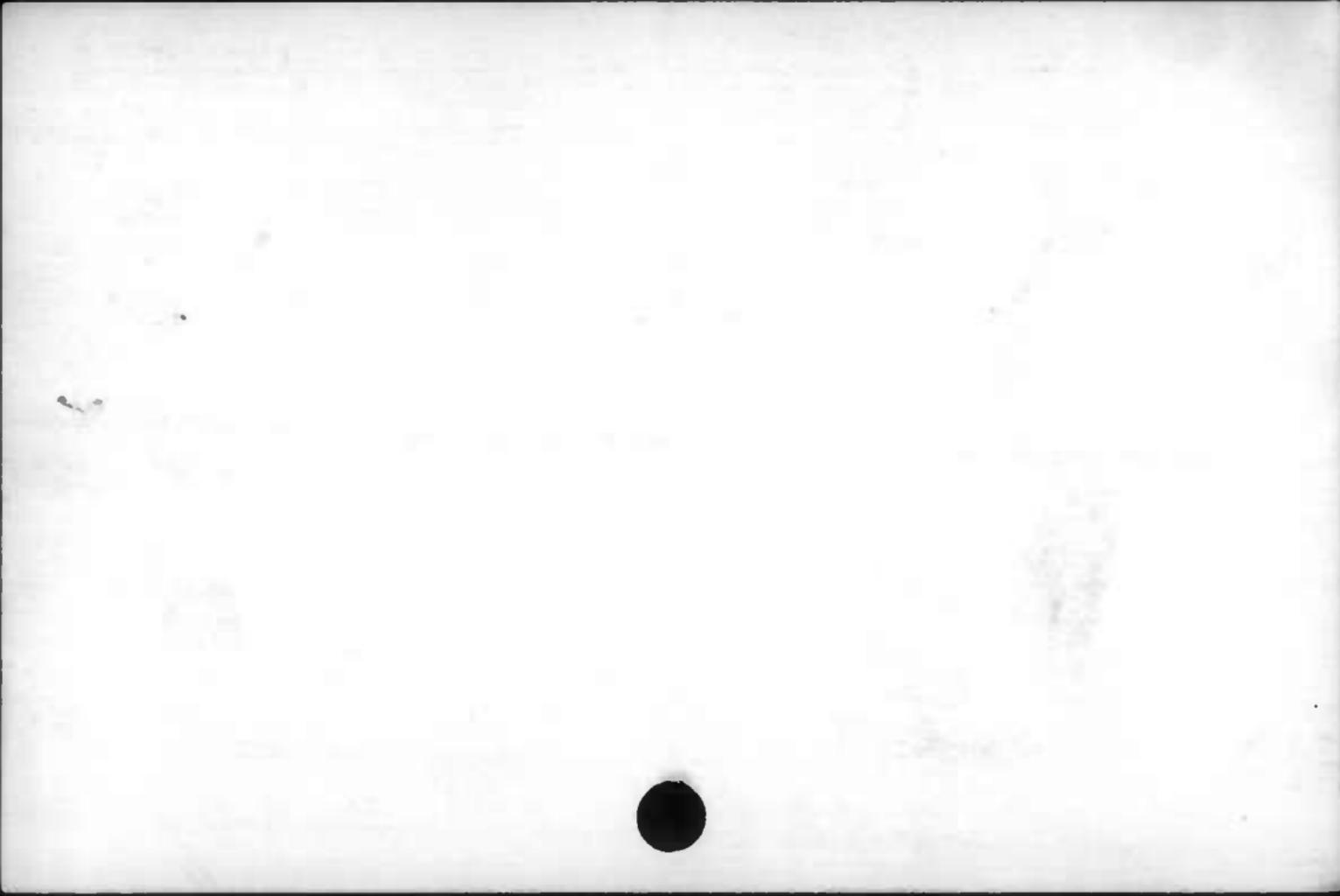
yes

Signature of
Physician

Address

J L Brayshaw

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

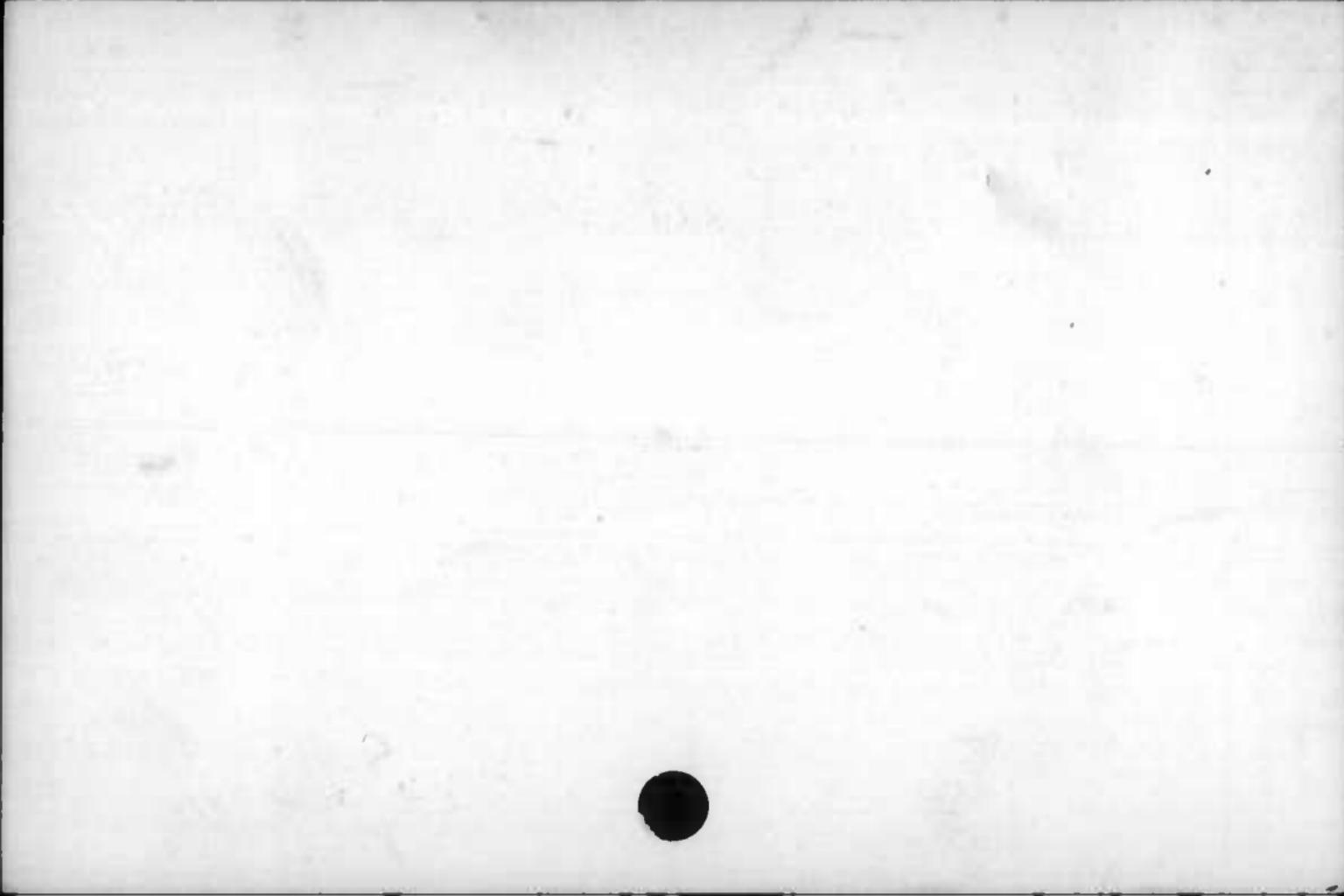
Name in Full				CERTIFICATE OF DEATH			
Died at		Town		County		MARYLAND	
Date of death	190	Month	Day	Years	Age	Months	Days
Sex	Male	Color or Race	Colored	Birth- place		Waldorf, Md	
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband		Eleanor Mitchell			
Father's Name	Cornelius Mitchell		Father's Birthplace		Waldorf, Md		
Mother's Maiden Name	Eleanor Gross		Mother's Birthplace		Waldorf, Md		
Name of person giving Information	Peter Mitchell		How related to deceased		Son		
CAUSES OF DEATH							
Primary	Chronic intestinal Ulcer with Hypertrophic Pernicious		120		How long		
Immediate	Hypertrophic Pernicious				How long		

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Edward John Talbott

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Willows	Town	Calvert	County	MARYLAND		
Date of death	1909	Month	May	Day	31 st	Years	88
Sex	Male	Color or Race	White	Age	88	Months	6
Occupation	Farmer			Where Residing if not at place of death	Glenn Pt. Ind.		
Married, Single or Widowed	Married	Name of Wife or Husband	Hester Anna Talbott				
Father's Name	Joseph Talbott			Father's Birthplace	Glenn Pt. Ind.		
Mother's Maiden Name	Rebecca Freeman			Mother's Birthplace	Glenn Pt. Ind.		
Name of person giving information	Mary E. Spiekard			How related to deceased	Daughter		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Neyritis

How long

3 months.

Immediate

Pneumonia

How long

14 hours

Are the name, age, sex, color, date and place correctly given above?

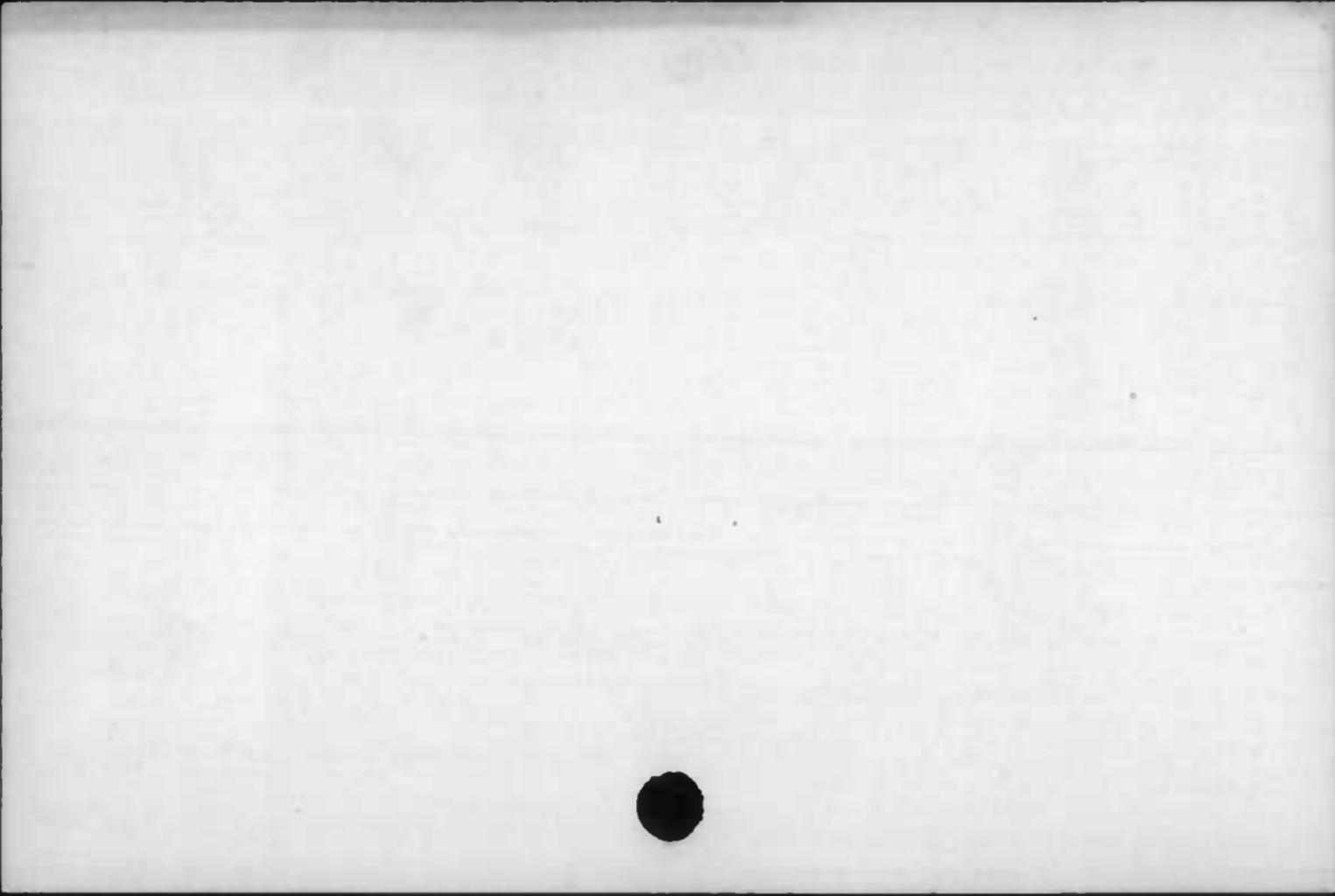
Signature of Physician

W. H. Talbott

Address

Ches. Beach
Md.

Accident or Suicide?



Name
in
Full

Douglass Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Chany Sta</u>		Town	County <u>Calvert</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>May</u>	Day <u>9</u>	Age <u>5</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birthplace <u>Calvert Co</u>				
Occupation <u>None</u>	Where Residing if not at place of death <u>near Chany Station</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband	None				
Father's Name <u>John Wesley Watkins</u>	Father's Birthplace <u>Calvert Co</u>					
Mother's Maiden Name <u>Bertha Hall</u>	Mother's Birthplace <u>Calvert Co</u>					
Name of person giving information <u>Charles Hall</u>	How related to deceased <u>None</u>					

CAUSES OF DEATH

27

Primary <u>Acute tuberculosis of lungs</u>	How long <u>two months</u>
Immediate <u>Exhaustion</u>	How long <u>two weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Compton Wilson M.D.</u> Address <u>Jewell</u>
Accident or Suicide? <u>No</u>	MARYLAND

